



PTO/SB/21 (09-04)

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3

Application Number

11767-513-10767513

Filing Date

January 29, 2004

First Named Inventor

Peter K. Herman

Art Unit

1724

Examiner Name

Peter A. Hruskoci

Attorney Docket Number

4191-00433

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Receipt Postcard</b>
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Andrus, Sceales, Starke & Sawall, LLP		
Signature	<i>Michael E. Taken</i>		
Printed name	Michael E. Taken		
Date	05/25/2006	Reg. No.	28,120

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Typed or printed name	JoAnn Kuczynski	Date	05/25/2006

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PATENT  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

App. No. : ~~11767513~~ 10767513 )  
Applicant : Peter K. Herman et al. )  
Filed : January 29, 2004 )  
Title : Liquid Additive Slow- )  
Release Apparatus Driven )  
by a Filter Pressure )  
Gradient )  
TC/A.U. : 1724 )  
Examiner : Peter A. Hruskoci )  
Docket No. : 4191-00433 )  
Customer No. : 26753 )

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Jo Ann Kuczynski 5-25-06  
Jo Ann Kuczynski Date

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Commissioner for Patents  
Mail Stop - No Fee  
P.O. Box 1450  
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Sir:

Please change the correspondence address in the above identified application to that  
set forth below. A Power of Attorney is enclosed.

Michael E. Taken  
Andrus, Sceales, Starke & Sawall, LLP  
100 East Wisconsin Avenue, Suite 1100  
Milwaukee, Wisconsin 53202  
Telephone: (414) 271-7590  
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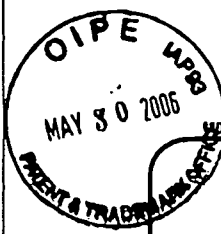
Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

Michael E. Taken

Michael E. Taken, Reg. No. 28,120

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Milwaukee, Wisconsin 53202  
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**POWER OF ATTORNEY  
and  
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INDICATION FORM**

Application Number	10/767,513
Filing Date	January 29, 2004
First Named Inventor	Peter K. Herman
Title	Liquid Additive Slow-Release Apparatus Driven by a Filter Pressure Gradient
Art Unit	1724
Examiner Name	Peter A. Hruskoci
Attorney Docket Number	4191-00433

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 26753

OR

☐ Practitioner(s) named below:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael E. Taken Andrus, Soeales, Starke & Sawall LLP		
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Country	USA		
Telephone	414-271-7590	Email	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	5-12-06
Name	Jeff C. Hamilton	Telephone	608 873-4180
Title and Company	Vice President, CTO and General Manager of Fleetguard, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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